

160 H 1634/15

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/904,175
Filing Date	July 11, 2001
First Named Inventor	Duong
Examiner Name	B. Forman
Group Art Unit	1634
Attorney Docket No.	A-68718-3

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
1 month extension \$110	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Certified Copy of Priority Document(s)
Additional claim fee \$424	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
Total \$534	<input type="checkbox"/>	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Terminal Disclaimer	Check # 2843 (\$534)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> CD, No. of CD(s) _____	Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		

Remarks :

CALCULATION OF ADDITIONAL CLAIM FEES

	Claims Remaining after Amendment	Highest Number Previously Paid for		Present Extra	Fee	Additional Fee
Total	31	- 23	=	8	x 18	= 144
Indep.	3	- 3	=	0	x	=
First Presentation of Multiple Dependent Claim					x 280	= 280
						424

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone: 415 781 1989	Customer Number 32940
Signature		Date 4/23/03

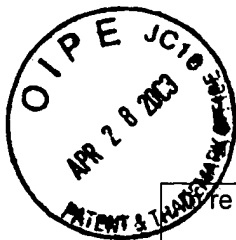
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name MARIA CIGANOVICH

Signature

APRIL 23, 2003



PATENT

Attorney Docket No. A-68718-3/RMS/RMK/JML

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of: DUONG, et al. Serial No.: 09/904,175 Filing Date: 11 JULY 2001 For: DEVICES AND METHODS FOR BIOCHIP MULTIPLEXING	Examiner: FORMAN, BETTY J Group Art Unit: 1634 <u>CERTIFICATE OF MAILING</u> I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231 on APRIL 23, 2003 Signed <u>Maria Ciganovich</u> Maria Ciganovich
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AMENDMENT

BOX FEE AMENDMENT
Commissioner of Patents
Washington, D.C. 20231

Sir:

Following is Applicants' response to the Office Action mailed 24 DECEMBER 2002, accompanied by a petition for a 1-month extension of time and the requisite fees. A response is therefore due 24 APRIL 2003, making this a timely response. Please amend the application as indicated on the following pages, and consider the remarks herein. A check is enclosed for additional claim fees. While Applicant believes that no further fees are due at this time, the Commissioner is authorized to charge any fees that may be due as a result of filing this amendment, including additional claims fees not already paid for, or other fees that have not been separately paid, to Deposit Account 50-2319 (Order No. 463037-219 [A-68718-3/RMS/RMK/JML]).

04/29/2003 MBIZUNES 00000113 09904175

01 FC:1202	144.00 OP
02 FC:1203	280.00 OP